


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90055 035 ***150.00

DOCUMENT # S93219	
1. Entity Name PEACH GARDEN, INC.	

Principal Place of Business 24123 PEACHLAND BLVD. #A-1 PORT CHARLOTTE, FL 33954	Mailing Address 23152 ALLEN AVE. SUITE C PUNTA GORDA, FL 33980
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01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0300601	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAN, WAI KEUNG
 24123 PEACHLAND BLVD.
 UNIT. A-1
 PORT CHARLOTTE, FL 33954

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAN, WAI KEUNG 24123 PEACHLAND BLVD.#A1 PT. CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAN, MAY LUK 24123 PEACHLAND BLVD.#A1 PT. CHARLOTTE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MAY LUK-CHAN (V. Pres.)** 1/31/04 (9A1) 627-9800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #